

FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name
WOMEN'S VOICES WOMEN VOTE ACTION FUND

(b) Address (number and street) check if different than previously reported
1640 RHODE ISLAND AVE. NW SUITE 825

(c) City, State and ZIP Code
WASHINGTON DC 20036

(d) Name of Employer or Principal Place of Business _____ (e) Occupation _____

2. FEC Identification Number

C C30001754

3. Is This Statement **New**
or **Amended**

4. Covering Period / /
through / /

5. (a) Date of Public Distribution(s) / / (b) Communication Title Titles: Protect, St-
and and Respect

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)
(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15
(e) Other, specify: _____

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name
Kim Griffin

(b) Address (number and street)
1640 Rhode Island Ave., NW

(c) City, State and ZIP Code
Washington DC 20036

(d) Name of Employer or Principal Place of Business _____ (e) Occupation _____

9. Total Donations This Statement

10. Total Disbursements/Obligations This Statement

Under penalty of perjury, I certify that this statement is true, correct and complete.
TYPE OR PRINT NAME OF PERSON COMPLETING FORM Monica Prah
SIGNATURE Electronically Filed by Monica Prah DATE 10/29/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A.	(a) Name Page Gardner	Transaction ID : F91.000001
	(b) Address (number and street) 1640 Rhode Island Ave., NW Suite 825 Suite 825	
	(c) City, State and Zip Code Washington DC 20036	
	(d) Name of Employer or Principal Place of Business Women's Voices Women Vote Action Fund	(e) Occupation President
B.	(a) Name Amy Young	Transaction ID : F91.000002
	(b) Address (number and street) 1640 Rhode Island Ave., NW Suite 825 Suite 825	
	(c) City, State and Zip Code Washington DC 20036	
	(d) Name of Employer or Principal Place of Business Women's Voices Women Vote Action Fund	(e) Occupation Executive Director
C.	(a) Name Ruth Ferguson	Transaction ID : F91.000003
	(b) Address (number and street) 28 Washington Street	
	(c) City, State and Zip Code Marblehead MA 01945	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
D.	(a) Name Avis Jones-DeWeever	Transaction ID : F91.000004
	(b) Address (number and street) 633 Pennsylvania Ave., NW	
	(c) City, State and Zip Code Washington DC 20004	
	(d) Name of Employer or Principal Place of Business National Counsel of Negro Women Inc.	(e) Occupation Director
E.	(a) Name Lisalyn Jacobs	Transaction ID : F91.000005
	(b) Address (number and street) 1101 14th Street, NW Suite 300 Suite 300	
	(c) City, State and Zip Code Washington DC 20005	
	(d) Name of Employer or Principal Place of Business Legal Momentum	(e) Occupation Director

SCHEDULE 9-B

Disbursement(s) Made or Obligations

<p>A. Full Name (Last, First, Middle Initial) of Payee The New Media Firm</p> <hr/> <p>Mailing Address of Payee 1730 Rhode Island Ave., NW Suite 410</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20036</td> </tr> </table> <hr/> <p>Name of Employer _____ Occupation _____</p>	City	State	Zip Code	Washington	DC	20036	<p>Date of Disbursement or Obligation <table style="width:100%; border: none;"> <tr> <td style="text-align:center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align:center;">1 0 / 2 5 / 2 0 1 0</td> </tr> </table> </p> <p>Amount <table style="width:100%; border: none;"> <tr> <td style="text-align:right;">20018.60</td> </tr> </table> </p> <p>Communication Date <table style="width:100%; border: none;"> <tr> <td style="text-align:center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align:center;">1 0 / 2 8 / 2 0 1 0</td> </tr> </table> </p> <p>Transaction ID : F93.000001</p>	M M / D D / Y Y Y Y	1 0 / 2 5 / 2 0 1 0	20018.60	M M / D D / Y Y Y Y	1 0 / 2 8 / 2 0 1 0
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1 0 / 2 8 / 2 0 1 0												
<p>Purpose of Disbursement (including title(s) of communication(s)) Radio Ad; Protect</p>												
<p>Name of Federal Candidate Kenneth Buck</p> <p>F94.000002</p>	<p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: <u>CO</u> District: _____</p>											
<p>Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p>												
<p>Name of Federal Candidate</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: _____ District: _____</p>											
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<p>Purpose of Disbursement (including title(s) of communication(s)) Television Ad; Respect</p>												
<p>Name of Federal Candidate Kenneth Buck</p> <p>F94.000004</p>	<p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: <u>CO</u> District: _____</p>											
<p>Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p>												
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<p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p>												
<p>SUBTOTAL of Disbursement/Obligation This Page (optional) <table style="width:100%; border: none;"><tr><td style="text-align:right;">30016.24</td></tr></table></p> <hr/> <p>TOTAL This Period (last page this line number only) <table style="width:100%; border: none;"><tr><td style="text-align:right;"> </td></tr></table> (carry total from last page to line 10)</p>		30016.24										
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SCHEDULE 9-B

Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee

The New Media Firm

Mailing Address of Payee

1730 Rhode Island Ave., NW Suite 410

City State Zip Code
Washington DC 20036

Name of Employer Occupation

Date of Disbursement or Obligation

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Amount

24992.72

Communication Date

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Transaction ID : F93.000003

Purpose of Disbursement (including title(s) of communication(s))

Television Ad; Stand

Name of Federal Candidate
Kenneth Buck

Office Sought: House State: CO
 Senate District: _____
 President

Disbursement/Obligation For: 2010
 Primary General
 Other (specify) _____

F94.000006

Name of Federal Candidate

Office Sought: House State: _____
 Senate District: _____
 President

Disbursement/Obligation For:
 Primary General
 Other (specify) _____

Name of Federal Candidate

Office Sought: House State: _____
 Senate District: _____
 President

Disbursement/Obligation For:
 Primary General
 Other (specify) _____

SUBTOTAL of Disbursement/Obligation This Page (optional)

24992.72

TOTAL This Period (last page this line number only)
(carry total from last page to line 10)

55008.96